APPLICATION FOR EMANCIPATION GOODS AND SERVICES



State Form 52690 (R / 11-06) / CW 2113
DEPARTMENT OF CHILD SERVICES
Approved by State Board of Accounts, 200

Local DCS office director or authorized designee's signature

Name of youth Name of requesting agency Address of agency (number Name of contact person Telephone number of conta () There is a limit of \$1 Request #1 Approval is requested new request will be mi	act person ,000 that may all approved I for the following ade. Approved Items (please	Fax (be expended for Request #2 g emancipation goo funds must be expe	Total approved					day, year)
Address of agency (number Name of contact person Telephone number of conta () There is a limit of \$1 Request #1 Total	act person ,000 that may all approved I for the following ade. Approved Items (please	Fax (be expended for Request #2 g emancipation goo funds must be expe) a youth throughou Total approved	ut the provision of		s to age 21		
Address of agency (number Name of contact person Telephone number of conta () There is a limit of \$1 Request #1 Total	act person ,000 that may all approved I for the following ade. Approved Items (please	Fax (be expended for Request #2 g emancipation goo funds must be expe) a youth throughou Total approved	ut the provision of		s to age 21		
Name of contact person Telephone number of conta () There is a limit of \$1 Request #1 Approval is requested	,000 that may all approved litems (please	Fax (be expended for Request #2 g emancipation goo funds must be expe) a youth throughou Total approved	ut the provision of		s to age 21		
Telephone number of conta () There is a limit of \$1 Request #1 Approval is requested	,000 that may all approved for the following ade. Approved	t be expended for Request #2 g emancipation goof funds must be expended.) a youth throughou Total approved	ut the provision of		s to age 21		
There is a limit of \$1 Request #1 Total	,000 that may all approved for the following ade. Approved	t be expended for Request #2 g emancipation goof funds must be expended.) a youth throughou Total approved	ut the provision of		s to age 21		
There is a limit of \$1 Request #1 Total	,000 that may all approved for the following ade. Approved	t be expended for Request #2 g emancipation goof funds must be expended.) a youth throughou Total approved	ut the provision of		s to age 21		
Request #1 Total	al approved I for the following ade. Approved Items (please	Request #2 g emancipation goo	Total approved					
Approval is requested	I for the following ade. <i>Approved</i> Items (pleas	g emancipation goo		Request #3	Total a			
Approval is requested new request will be ma	ade. <u>Approved</u> Items (pleas	funds must be expe				approved	Request #4	Total approved
Approval is requested new request will be ma	ade. <u>Approved</u> Items (pleas	funds must be expe						
		aa aluala aasta t	ds and services items ended by the provider	for the above-name and are not to be given	ed youth. ven direc	If signed ap	proval is not used the for purchase of o	within 60 days, a goods or services.
	21	se circle each iten	n being requested)		E	stimated C	ost Approva	l Denial
For youth age 16 to	41							
Education/Training (G more then one time, c				SAT testing if need	ed			
Luggage								
Legal documents (bir	th certificate, st	ate ID, driver's perr	mit and license)					
For youths age 17 year			•	•	•		•	•
Start-up food staples (s and up to two (2) week This is a one-time purc 4-H extension offices sh	s supply of groce chase. Food pant	eries based on menu tries, WIC, and food	us; does not include ca stamps should be utiliz	ndy or similar items) red as needed. Count	y			
Bedding (sleeping ba	g, sheets, blank	cets, pillows)						
Bathroom items (clea	ning supplies, t	owels, shower curt	ain, rugs, paper supp	lies)				
Personal hygiene iten shaving supplies, eye			feminine products, lo	tion, dental supplies	ь,			
Telephone (up to \$10	0 total, may inc	lude cell phone and	d paid-up minutes)					
Household items (swee small microwave, dorm					are,			
Furniture (TV/VCR/D\) minimally used furnitu			player if youth has ov	wn TV, futon, twin be	ed,			
Transportation (bus p				ninor repairs and tire	es			
Work related items (electrical, plumbing, carpentry, barber or cosmetology, medical, dental, culinary arts, mechanics, or electronic tools; apprentice fees)					ary			
Work related clothing (fo	our (4) complete o	changes of clothing, o	uter coat, uniforms, spec	cial shoes, safety glass	ses)			
College orientation ar	nd post-seconda	ary education visit	expenses (travel, hou	sing, and meals)				
Other, justify purcha (Approval must be a	•	• •	•	nt Living Coordinat	or			
				тотл	AL			

Date (month, day, year)